

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09/604369</u>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7	/						57						
8		/					58						
9		2					59						
10		2					60						
11		/					61						
12		/					62						
13	/		/				63						
14		/		/			64						
15		/		/			65						
16		/		/			66						
17		/		/			67						
18		/		/			68						
19	/						69						
20	/						70						
21		2					71						
22		2					72						
23		2					73						
24		2					74						
25	/						75						
26	/						76						
27	/						77						
28		/					78						
29			/				79						
30				/			80						
31				/			81						
32				2			82						
33				2			83						
34				3			84						
35				3			85						
36				3			86						
37			/				87						
38			/				88						
39			/				89						
40			/				90						
41				4			91						
42				4			92						
43				4			93						
44				4			94						
45				4			95						
46				4			96						
47				4			97						
48				4			98						
49				4			99						
50				4			100						
TOTAL IND.	8		6				TOTAL IND.						
TOTAL DEP.	26		14				TOTAL DEP.						
TOTAL CLAIMS	34		20				TOTAL CLAIMS						